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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

First Semester February 15 to State Superintendent **Second Semester**

DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0377 Jordan Elem 17 Garfield Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 1 1560 Yes Billing, Tommy L 12.00 Murion, Carrie 1 1568 Yes 2.25 1 1576 Yes Roufley, Alroy 0.58



School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

CO

CO

CO

CO

CO

1577

1578

1579

1580

1586

Yes

No

Yes

No

Yes

First Semester February 15 to State Superintendent

Second Semester May 24 to State Superintendent

15.25

9.25

9.25

9.25

0.50

February 1 to County Superintendent May 10 to County Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending . 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 17 Garfield 0378 Garfield County H S **High School** Contract District Daily # of Days Transported # Shared Family's Name Rate Beecher, Glen CO 1559 No 3.50 Billing, Tommy L CO 1560 Yes 9.25 CO 1561 No Edwards, Rose M 9.25 1562 Gibson, Joe & Sandy CO No 15.25 1563 Green, Anne CO No 1.50 CO 1564 No Hill, Scott 2.50 1565 9.25 CO Yes Johnson, Mark CO 1566 Laphilliph, Irma 0.90 No 1567 Losinski, Mike CO No 15.25 CO 1568 Murion, Carrie 2.25 Yes CO 1569 No Murion, Pohney 9.25 CO 1571 Murion, Zane No 7.75 CO 1572 No Phipps, Margie 2.50 CO 1573 No Pluhar, Alan & Marla 1.00 CO 1574 No Pluhar, Dennis 9.25 CO 1575 No Ross, Dixie 4.50 CO 1576 Yes Roufley, Alroy 0.57

TR-5 (1/05) Page 1

Shawver, Tammy

Thomas, Les & Jerri

Taylor, Dallas

Thomas, Deb

Gibbs, Robert

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 17 Garfield 0380 Big Dry Creek Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 10 1570 No Murion, Zane 6.25 Bliss, Jeana 10 1581 No 6.00 10 1582 No Murray, Walter & Angela 8.50 10 1583 Phipps, Colleen No 1584 Rogge, Tanna 4.00 10 No

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 17 Garfield 0382 Van Norman Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 15 1585 No Billing, Monte 2.50 15 Gibbs, Robert 1586 Yes 0.50 15 1587 No McRae, Brent 0.25 1588 Helm, William E 2.50 15 No 1589 Bollinger, Sidney 2.50 15 No

PI

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0385 Pine Grove Elem 17 Garfield Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 19 1577 Yes Shawver, Tammy 6.00 19 Chamberlin, Angie 1590 No 2.40 19 1591 No Clark, Barbara 2.75 19 1592 Phipps, Tim & Dana No 6.15

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 17 Garfield 0386 Kester Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 23 1579 Yes Thomas, Deb 12.00 23 1593 No Coldwell, Terry 0.40

0	PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0388 Benzien Elem 17 Garfield Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 30 1565 Yes Johnson, Mark 18.00 30 1594 No Rogge, Ronda 8.50

PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0392 Sand Springs Elem 17 Garfield Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 42 1595 No Woodard, Julie 3.50

PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

	Helena, MT 59620-2501				individua	and Isolated 11	ansportation	,]	
DUE DATE	es:	First Semester February 1 to County Superintendent February 15 to State Superintendent			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
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This c	This claim is for the period beginning			and ending, 20					
			mont	h da	y		month	day	
CERT	IFICATI	ON:							
The in	formation	on this for	m is complete and accu	rate to the best of	my knowledge.				
Date	Signature, Chair, Board of Trustees								
G .									
County: District:			District Level:						
17 Garfield 0394 Ross Elem					Elementary				
District #	Contract #	Shared		Fa	amily's Name			Daily Rate	# of Days Transported
52	1596	No	Collins, Dianne J	_				5.00	